

Providence St. Joseph Health

## Providence St. Joseph Health Digital Commons

---

Providence Pharmacy PGY1 Program at  
Providence Medford

Oregon Academic Achievement

---

4-29-2020

### Empowering caregivers to recognize, support, and treat opioid use disorder: an interdisciplinary assessment of knowledge, attitudes, and comfort level pre and post-education

Annette Sprankle

*Providence Medford Medical Center, Annette.Sprankle@providence.org*

Mika Michaels

*Providence Medford Medical Center, Mika.Michaels@providence.org*

Follow this and additional works at: [https://digitalcommons.psjhealth.org/pharmacy\\_PGY1medford](https://digitalcommons.psjhealth.org/pharmacy_PGY1medford)



Part of the [Pharmacy and Pharmaceutical Sciences Commons](#)

---

#### Recommended Citation

Sprankle, Annette and Michaels, Mika, "Empowering caregivers to recognize, support, and treat opioid use disorder: an interdisciplinary assessment of knowledge, attitudes, and comfort level pre and post-education" (2020). *Providence Pharmacy PGY1 Program at Providence Medford*. 2.  
[https://digitalcommons.psjhealth.org/pharmacy\\_PGY1medford/2](https://digitalcommons.psjhealth.org/pharmacy_PGY1medford/2)

This Poster is brought to you for free and open access by the Oregon Academic Achievement at Providence St. Joseph Health Digital Commons. It has been accepted for inclusion in Providence Pharmacy PGY1 Program at Providence Medford by an authorized administrator of Providence St. Joseph Health Digital Commons. For more information, please contact [digitalcommons@providence.org](mailto:digitalcommons@providence.org).



Background

- Substance use disorders affect approximately 25% of hospitalized patients.
- Up to 67% of patients with a substance use disorder admitted in the hospital reported that they were interested in cutting back or quitting.
- 44% of patients report wanting to try a medication to treat their opioid use disorder (OUD).
- Buprenorphine and methadone are FDA-approved for the treatment of OUD and are often referred to as medication-assisted treatment, or MAT.
- A patient with opioid dependency who is admitted to the hospital for a primary problem other than opioid dependency may be administered opioid agonist medications such as methadone and buprenorphine to prevent opioid withdrawal that would complicate the primary medical problem.

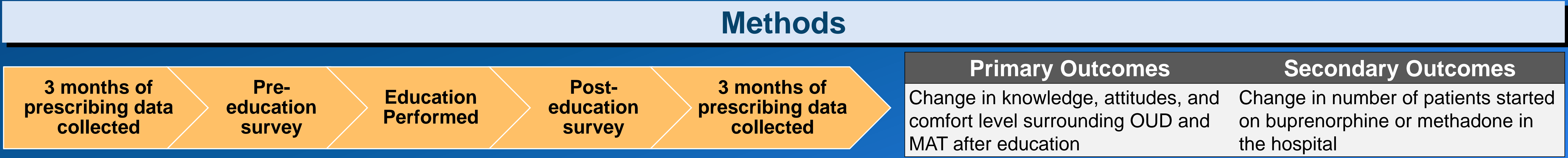
Benefits of MAT

Decreases:

- Risk of overdose upon discharge
- Overdose-related deaths
- Rate of hospital readmission
- Hospital expenditures
- Patients leaving against medical advice
- Risk of HIV
- Risk of Hepatitis C infection
- Rates of cellulitis
- Rates of HIV risk behavior
- Rates of criminal behavior

Purpose

This study aims to assess caregivers’ knowledge, attitudes, and comfort level surrounding the treatment of patients with opioid use disorder in the hospital utilizing medication-assisted treatment (MAT) before and after education. It also aims to involve more professional disciplines in the treatment of patients with opioid use disorder, identify barriers, and address them in a systematic way to increase access to medication-assisted treatment in the hospital and connect them to outpatient care.



Results

Results Table 1: Survey Questions – All disciplines	P-value	Pre-Education Mean	Post-Education Mean
Answers based on a 5-point Likert scale rated from strongly disagree (1) to strongly agree (5)			
We should be offering patients with opioid use disorder medications to treat their withdrawal.	0.0222	3.12	4.58
MAT (Medication Assisted Treatment with buprenorphine or methadone) decreases admission rates for patients with opioid use disorder.	0.00049	3.27	4.11
Patients with opioid use disorder in severe pain should be offered opioids (i.e. hydrocodone, oxycodone) while in the hospital.	0.106	3.80	4.16
Many patients that have an opioid use disorder want to quit or reduce the amount of substance they are currently using.	0.00075	3.03	3.95
Patients who do not wish to seek addiction treatment outside of the hospital should not be offered methadone or buprenorphine while inpatient.	0.00706	2.93	2.21
I feel comfortable having conversations with patients about their opioid use disorder.	0.299	3.63	3.53

**Nursing**

- Increased confidence in recognizing symptoms of withdrawal (p=0.0178)
- Increased comfort in asking patients about their withdrawal (p=0.0392)
- Increased comfort in administering the COWS assessment (p=0.0108)

**Case Management**

- No change in feelings that there is an adequate pathway to place these patients upon discharge

**Pharmacy**

- Increased confidence in speaking to the advantages and disadvantages of buprenorphine versus methadone (p=0.0129)
- Increased comfort in providing dosing recommendations (p=0.0402)

**Hospitalists**

- No hospitalists responded to the post-education survey assessing their knowledge surrounding MAT laws in the hospital, comfort level with these medications, and the likelihood of initiation

Results Table 2: Prescribing Data

	# of patients newly initiated on MAT	# of patients continued on MAT
3 months pre-education	2	2
3 months post-education	4	9

Results Table 3: Number of Survey Participants

Department	Pre-Education	Post-Education
All participants	59	19
Pharmacists	6	4
Nurses	37	5
Case managers & social workers	10	10
Hospitalists	6	0

Conclusions

Overall, there was an increase knowledge base in most areas post-education, however, change in comfort level was not unanimous within the interdisciplinary team. There were more patients prescribed MAT for OUD post-education. During the timeframe that there were buprenorphine and methadone induction order sets, MAT initiation rate tripled. Continued education and experience for caregivers is still recommended to further increase knowledge and comfort level.

Future Directions

- Provide education to emergency department staff
- Start an ED and Urgent Care bridging program
- Provide additional education based on survey feedback
- Assess prescribing rates in one year